

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Hopi Health Care Center

Office of Human Resources, P.O. Box 4000

Polacca, AZ 86042

Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaskan Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In order than the above, the Indian Health Service is an Equal Opportunity Employer.

ANNOUNCEMENT NUMBER:	OPENING DATE:	CLOSING DATE:
<i>SWR- 05-0033</i>	<i>03/16/05</i>	<i>03-22-05</i>

POSITION TITLE/SERIES/GRADE: *Medical Support Assistant: GS-679- 3/4/5*

STARTING SALARY: *GS-03- \$21,950 per annum
GS-04- \$24,641 per annum
GS-05- \$27569 per annum*

PROMOTION POTENTIAL: *GS-5*

SUPERVISORY/MANAGERIAL: *NONE*

RELOCATION EXPENSES: *NONE*

APPOINTMENT/WORK SCHEDULE: *Permanent-Full-Time work schedule*

AREA OF CONSIDERATION: *Commuting Area*

DUTY LOCATIONS: *Patient Business Office, Hopi Health Care Center*

JOB DESCRIPTION: *Medical Support Assistant: The incumbent interviews patients to obtain pertinent patient registration information; i.e. demographic and insurance information and authorization to enable the facility to bill for health care services provided from all alternate resources, including the non-beneficiary services. Assists patients in completing new or updated forms for the RPMS Patient Registration System. This will include inpatients, outpatients, emergencies, and after-hour patients. Interviews patients to obtain information to initiate a new health record and to reactivate a retired/stored record. Determines the eligibility of patients seeking health care, who have not previously been treated at the facility, by obtaining the certificate of Indian Blood or other documentary proof of tribal membership, according to the IHS guidelines. Obtains and verifies the health records and the RPMS System for Medicaid, Medicare, and private/commercial insurance eligibility information for all patients seen prior to all clinic visit.*

WHO MAY APPLY: *All Sources. Federal employment status is not required. U.S. citizenship is required.*

- *Excepted Service Examining Plan Candidates (ESEP) – Individuals entitled to Indian Preference who wish to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116(B)(8).*
- *Merit Promotion Plan Candidates (MPP) – Current permanent competitive Federal status employees, reinstatement eligible, and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, etc).*
- *PHS Commissioned Corps Officers – Current active or inactive Commissioned Officers may apply.*
- *Veteran's Preference - Preference eligible veterans who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply.*

Indian Preference applicants must indicate on their applications whether they are applying under the MPP, ESEP, or both. If not indicated, they will be considered under the MPP.

Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply. Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service.

CONDITIONS OF EMPLOYMENT:

1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant. Selectee must have documented immunity to Rubella and Measles.
2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.
3. Selectee(s) are required to complete a "Declaration of Federal Employment – Optional Form 306" to determine your suitability for Federal Employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
6. Some service units operate under extended service hours 7 days per week.
7. The incumbent may be required to travel and must possess a valid driver's license.

QUALIFICATION REQUIREMENTS:

<i>Grade</i>	<i>General Experience</i>	<i>Specialized Experience</i>	<i>Education</i>
GS-3	6 Months	None	High School Graduation or equivalent.
GS-4	1 year	None	2 years above High School.
GS-5	None	1 year equivalent to at least the GS-4	4 years above High School.

General Experience: Progressively responsible clerical, office, or other work that indicates ability to acquire the particular knowledge skills and needed to perform the duties of the position.

Education: High school graduation or the equivalent is creditable at the GS-3 entry level. Successfully completed education above the high school level in any field for which high school graduation or the equivalent is the normal prerequisite is creditable at grades GS-4 level. GS-5 This education must have been obtained in an accredited business, secretarial, or technical school, junior college, college or university.

****Transcripts must be provided if you substitute education for experience.**

PROFICIENCY REQUIREMENT: In addition to meeting experience or education requirements, applicants must show possession of ability to type 40 words per minute based on a five-minute sample with three or fewer errors. Applicants may meet this requirement by passing the appropriate performance test, presenting a Certification of Proficiency from a school or other organization authorized to issue such certificate or by completing the attached Self-Certification Statement. Performance test results and the certificate of proficiency are acceptable for 3 years from the date of issuance.

TIME IN GRADE: Candidates must have completed at least one year of service in a position no more than one grade lower than the position to be filled. (If selected under the Excepted Service Examining Plan, such individuals may be appointed under Schedule A authority without regard to Time-In-Grade requirements.)

LEGAL AND REGULATORY REQUIREMENTS: Candidates must meet time-after competitive appointment, time-in-grade, and qualification requirements within 30 calendar days after the closing date of the vacancy announcement.

METHODS OF EVALUATION: Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities and special awards. Experience related to tribal involvement and to Indian community projects will also be evaluated. Applicants will also be evaluated on the following ranking factors, i.e., Knowledge, Skills, and Abilities (KSA's)

SUPPLEMENTAL QUESTIONNAIRE on KNOWLEDGE, SKILLS, AND ABILITIES (KSA): On a separate sheet of paper, discuss how you performed (or have potential to develop) the particular knowledge, skill, or abilities listed below. (Failure to submit written responses as part of your application may result in an ineligible rating.)

KSA's for Medical Support Assistant, GS-679-3/4/5:

1. Ability to communicate.
2. Ability to interview.
3. Ability to advocate for patients.
4. Ability to maintain confidentiality of patient information.
5. Knowledge of Medical Terminology.

HOW TO APPLY/REQUIRED FORMS:

1. Applicants may use on the following to apply: (1) OF-612 Optional Application for Federal Employment, **or** (2) Resume (see requirements in **Attachment A**).
2. If claiming Indian Preference, BIA 4432 "Verification of Indian Preference for Employment in BIA and IHS".
3. If claiming Veteran's Preference, copy of DD-214 Form, and SF-15 if claiming 10 point Veteran's Preference.
4. Copy of latest Personnel Action (SF-50), if a current or former employee, and/or if requesting Reinstatement Eligibility.
5. Copy of the most recent performance appraisal, if a current Federal employee.
6. Copy of current unrestricted Medical License if applicable.
7. Completed PL 101-630 Questionnaire (**form attached**)
8. Completed Selective Service Registration Form (**form attached**)
9. Written Responses to the Knowledge, Skills, and Abilities (KSA) (**OPTIONAL** ~ failure to submit may result in an ineligible rating or substantially lower score).
10. Commissioned Corps Officer: (1) latest COER, (2) current Billet Description, and (3) BIA FORM 4432 if claiming Indian Preference.

Application and required forms must be identified by this announcement number and submitted to the address below:

Hopi Health Care Center
ATTN: Office of Human Resources (SWR-05-0033)
P.O. Box 4000
Polacca, AZ 86042
Phone: (928) 737-6296
Fax: (928) 737-6001

All submitted materials are subject to retention by this office. You should duplicate and retain copies, since requests for copies will not be honored. Additional information regarding Federal job opening can be obtained at www.opm.gov, or at USAJOBS www.usajobs.opm.gov or check the IHS Website at www.ihs.gov. All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS).

Additional selections of candidates may be possible within 90 days from the date the certificate of eligible is issued for this announcement, for filing additional or similar positions.

Human Resource Specialist: Patty K. Wells (928) 737-6296 Date: 3/15/05

ATTACHMENT A

Resume Requirements - Your resume or other application format must contain the following information to allow for qualification determination.

- *Identify your application/resume by the announcement number, title and grade(s)*
- *Full Name (first, middle, last ~ include other names used, i.e., maiden name)*
- *Mailing Address*
- *Phone Number where you can be reached*
- *Email Address (if applicable)*
- *Social Security Number*
- *Country of citizenship*
- *Education: list high school and colleges attended, type of degree (list major) received, date of degrees conferred, and city and state of school.*
- *Work Experience: (include non-paid work as well as paid)*
 - *Job Title (if Federal employment, indicate series and grade)*
 - *Duties and Accomplishments*
 - *Employer's name and Address*
 - *Employer's name and phone number*
 - *Starting and ending dates of employment (month/year)*
 - *Hours of work per week*
 - *Salary*
 - *Indicate if you do not want us to contact your current supervisor (if not specified, it will be assumed that we may do so)*
- *List job related training (title, year obtained, hours of training)*
- *Honors or awards received*
- *License or certificates obtained (submit with application)*
- *Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc)*

Indicate if you do not want your current supervisor contacted for reference purposes.

ATTACHMENT B

- 1. You may be eligible for special selection priority consideration under the Career Transition Assistant Program (CTAP) if you are a current career or career-conditional (tenure group I or II) employee of the DHHS Agency at the GS-15 grade level or below or equivalent, and who has received a specific RIF separation notice or a Certificate of Expected Separation indication your job is surplus, or notice of removal for declining a directed reassignment or transfer of function outside the local commuting area. To qualify for special selection priority consideration under CTAP you MUST also meet the criteria shown in paragraph 3 below.*
- 2. You may be eligible for special selection priority consideration under the Interagency Career Transition Assistance Program (ICTAP) if you are a current or former career-conditional (tenure group I or II) employee of any agency in the competitive service at the GS-15 grade level or below or equivalent, who has received a specific RIF separation notice or a notice of proposed removal for declining a directed reassignment or transfer of function outside the local commuting area. You may also be eligible if you were separated because of a compensable injury and your compensation has been terminated; or you retired with a disability and your disability annuity has been or is being terminated; or you were in receipt of a RIF separation notice and retired on the effective date of the RIF or under discontinued service; or you are a former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM. To qualify for special selection priority consideration under ICTAP you MUST also meet the criteria shown in paragraph 3 below.*
- 3. To qualify for special selection priority consideration under CTAP or ICTAP for this vacancy, you MUST also meet ALL of the following:*
 - a.) Have a current or last performance rating of record of at least fully successful or equivalent. A copy MUST be submitted with your application package. (Note: this requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).*
 - b.) Be applying for a position at or below the grade level from which you will be, or have been separated, and which does not have a greater promotion potential than the position from which you will be, or have been separated.*
 - c.) Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.*
 - d.) File your application by the vacancy announcement closing date and meet all the applicable criteria. Your application MUST include ALL documents that support your claim of eligibility for priority consideration – RIF separation notice, or notice of proposed removal for declining a directed reassignment or transfer of function to another commuting area; SF-50 Notification of Personnel Action, showing that they were separated as a result of RIF, or declining a transfer of function or directed reassignment to another area; official certification from an agency stating that it cannot place an individual whose injury compensation has been or is being terminated; or official notification from the Military Department or National Guard Bureau that the employee has retired under 5 USC 8337(h) Or 8456.*
 - e.) Be rated “well qualified” for this position. A numerical rating of 85 is considered to be well qualified for this position.*

Addendum to Declaration for Federal Employment (OF 306)

Indian Health Service

Child Care & Indian Child Care Worker Positions

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Item 15a. Agency Specific Questions

Name: _____ **Social Security Number:** _____

(Please print)

Job Title in Announcement: Medical Support Assistant **Announcement Number:** SWR-05-0033

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

*Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded *nolo contendere* or guilty to certain crimes.*

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

- 1) *Have you ever been arrested for or charged with a crime involving a child? YES _____ NO _____*
[If **AYES@**, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]

- 2) *Have you ever been found guilty of, or entered a plea of *nolo contendere* (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? YES _____ NO _____*
[If **AYES@**, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature *(sign in ink)*

Date

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3)), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852.
Please do not send completed data collection instruments to this address.

APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for employment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS

Check one:

☐ *I certify I am registered with the Selective Service System.*

☐ *I certify I have been determined by the Selective Service to be exempt from the registration provisions of Selective Service law.*

☐ *I certify I have not registered with the Selective Service System.*

☐ *I certify I have not reached my 18th birthday and understand I am required by law to register at that time.*

NON-REGISTRANTS UNDER AGE 26

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular office if you are outside the United States.

NON-REGISTRANTS AGE 26 OR OVER

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency that was considering you for employment by returning this statement with your written request for an OPM determination together with an explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

PRIVACY ACT STATEMENT

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

FALSE STATEMENT NOTIFICATION

A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment (Section 1001 of title 18, United States Code).

Legal signature of individual {please use ink}

Date signed {please use ink}

SUPPLEMENTAL QUESTIONNAIRE
On Knowledge, Skills and Abilities

Position: Medical Support Assistant, GS-679-3/4/5 **Vacancy Announcement No:** SWR-05-0033

Evaluation Method: *Evaluation will be made of experience, performance appraisals, training, letters of recommendation, self-development, awards and outside activities, which are related to the position. To receive full credit for your qualifications, provide a narrative statement of your background as it relates to the knowledge, skills and abilities (KSA) outlined below and show the level of accomplishments and degree of responsibility. This supplement will be the principal basis for determining whether or not you are best qualified for the position. Describe your qualifications in each of the following:*

1. ***The ability to communicate:*** *This is the ability to clearly and precisely explain, interpret, and/or translate any and all pertinent information regarding health care issues, benefits, services to patients, families, hospital provider staff (doctors, nurses, other departments within the hospital), and outside entities such as insurance companies, private hospitals/professional offices, etc.?*

What was the duration of these activities? (MM/YY to MM/YY)

Who can verify this information? (Please provide a telephone number)

2. ***The ability to Interview.*** *This is the ability to interview patients to obtain pertinent patient registration data to determine eligibility for health care services, to update patient demographic information and to obtain third party information?*

What was the duration of these activities? (MM/YY to MM/YY)

Who can verify this information? (Please provide a telephone number)

3. ***The ability to advocate for patients.*** *This is the ability to advocate on behalf of patients so that they may receive health care resources for which they may or may not be eligible for and/or advocate on their behalf when resources are denied and appealed?*

What was the duration of these activities? (MM/YY to MM/YY)

Who can verify this information? (Please provide a telephone number)

4. ***The ability to maintain confidentiality of Patient Information.*** *This is the ability to recognize and maintain security of all confidential information and files?*

What was the duration of these activities? (MM/YY to MM/YY)

Who can verify this information? (Please provide a telephone number)

5. ***The knowledge of Medical Terminology.*** *This is the knowledge of the meaning and spelling of medical terminology to effectively review medical records when entering data in the RPMS system*

What was the duration of these activities? (MM/YY to MM/YY)

Who can verify this information? (Please provide a telephone number)

The information you provide is considered to be a part of your application and as such certified by your signature on the SF-171 or equivalent.

Signature

Date

*PHOENIX AREA OFFICE
HOPI HEALTH CARE CENTER
HUMAN RESOURCES BRANCH*

Self-Certification Statement

All clerical (typing, office automation, and stenography) positions filled by the Hopi Health Care Center, Phoenix Area Office, Indian Health Services, requires applicants to possess full capability to perform typing and/or stenography tasks. If you have the abilities listed below, please sign and date the self-certification statement and submit with your application.

To be eligible for Clerk-Typist, Office Automation, Secretary (Typing), or Secretary (Office Automation) position, you must be able to:

- 1. Type 40 words per minute: words per minute are based on a five minute sample with three or fewer errors.*
- 2. Properly layout and space correspondence and other documents of similar complexity.*
- 3. Identify basic grammatical errors and correct spelling and punctuation.*

To be eligible for Clerk-Stenography/Secretary-Stenographer positions, you must be able to:

- 1. Perform the Clerk-Typist duties as defined above.*
- 2. Take shorthand at the rate of 80 words per minute.*

I, hereby certify that I meet the requirements set forth in this self-certification statement for:

Typing: _____wpm

Stenographer: _____wpm

Note: A certification statement must be signed and dated for each specific Vacancy Announcement. A falsification of this statement may be used as grounds for not employing you, or for dismissal.

Signature

Date